

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-001875

DO NOT WRITE  
ON THIS STUD

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 477

STATE FILE NUMBER

VS 300  
Rev. 4/59

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2 3188

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DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF  
Harold W. Voth  
MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		c. CITY OR TOWN <b>Kansas City</b>	
Length of stay in 1b <b>79 yrs</b>		Inside Limits <b>Yes</b> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Lukes Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>905 Benton Blvd.</b>	
3. NAME OF DECEASED (Type or print) <b>HENRY THEODORE STAUCH</b>		4. DATE OF DEATH Month <b>Jan.</b> Day <b>22</b> Year <b>1963</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>9/12/81</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Carpet Layer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Wholesale Furniture Co.</b>	9. AGE (last birthday) <b>81</b>
11a. FATHER'S NAME <b>Theodore C. Stauch</b>		11b. BIRTHPLACE (City and state or country) <b>Germany</b>	
12a. MOTHER'S MAIDEN NAME <b>Mary Linden</b>		12b. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>		14. NAME OF HUSBAND OR WIFE <b>Mrs. Bessie L. Stauch</b>	
15. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Emphysema, Pulmonary due to Unknown Cause</b>		16. SOCIAL SECURITY NO. <b>[REDACTED]</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		17. INFORMANT <b>Mrs. Bessie L. Stauch 905 Benton</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? <b>YES</b> <input checked="" type="checkbox"/> <b>NO</b> <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <b>[REDACTED]</b> a.m. <b>[REDACTED]</b> p.m. <b>[REDACTED]</b>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <b>Kansas City</b>		
21. I attended the deceased from <b>March, 1956</b> to <b>Jan 22, 63</b> and last saw her alive on <b>Jan 22, 63</b> Death occurred at <b>217A</b> on the date stated above, and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED <b>Jan 23, 63</b>	
22a. SIGNATURE <b>Harold W. Voth, M.D.</b>	22b. ADDRESS <b>4320 Wornall (Kansas) City, Mo.</b>		22c. DATE SIGNED <b>Jan 23, 63</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>1/24/1963</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Forest Hill</b>	23d. LOCATION (City, town, or county) (State) <b>Kansas City Missouri</b>
24. FUNERAL DIRECTOR <b>Wagner Funeral Home</b>		25. DATE RECD. BY LOCAL REG. <b>1-24-63</b>	26. REGISTRAR'S SIGNATURE <b>Ruth Long</b>

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Alvin R. Hainscheld

Licensed Embalmer No. 4159

P. O. Address H. C. TWO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.